

STATE OF IOWA  
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD  
**STATE EMPLOYEE GRIEVANCE OR DISCIPLINARY ACTION APPEAL**

FOR AGENCY  
USE ONLY

CASE NO

DATE FILED

INSTRUCTIONS: Submit an original and one (1) copy of this appeal form to: Public Employment Relations Board, 510 E 12th St., Ste 1B, Des Moines IA 50319

**PART I. IDENTIFICATION OF PARTIES**

**A. APPEALING EMPLOYEE**

NAME (*Last, first, initial*)

PRESENT ADDRESS (*number and street, city, state and ZIP code*)

EMPLOYEE'S HOME PHONE (*include area code*)

EMPLOYEE'S OFFICE PHONE (*include area code*)

**B. EMPLOYEE'S AGENCY/APPOINTING AUTHORITY** (*include agency, department, division, etc. as well as its street address, city, state, ZIP code*)

**PART II. TYPE OF APPEAL**

You must indicate whether this appeal is being made pursuant to section 8A 415(1) or section 8A 415(2) of the Code of Iowa. Please check either (1) or (2) below:

- ( ) (1) I am appealing the response to my grievance given by the Director of the Department of Administrative Services [§8A 415(1), Code of Iowa]. The Director or Director's designee issued a response to my grievance on the following date: \_\_\_\_\_
- ( ) (2) I am appealing the response given by the Director of the Department of Administrative Services to my appeal of a discharge, suspension, demotion or other reduction in pay [§8A 415(2), Code of Iowa]. The Director or Director's designee issued a response to my appeal on the following date: \_\_\_\_\_

**PART III. NATURE OF APPEAL**

Briefly describe why you are not satisfied with the response of the Director or Director's designee. Attach a copy of your grievance or discipline appeal, a copy of the Director or Director's designee's response, and all other documents you believe are relevant to your appeal.

**PART IV. REMEDY SOUGHT**

What action are you asking the Public Employment Relations Board to take on your appeal?

**PART V. HEARING**

You have a right to an evidentiary hearing on this appeal.

If you are appealing from a response under Iowa Code section 8A 415(2) (discharge, suspension, demotion or other reduction in pay), the hearing will be closed to the public unless you request a public hearing. Do you want a public hearing of your appeal?

( ) Yes. ( ) No.

**PART VI. YOUR REPRESENTATIVE**

You may designate someone to represent you in this appeal, although you are not required to do so. You may change your designation of representative at a later date if you wish to do so, and should notify the Board promptly of any change of representative. My representative's name, address and telephone number is:

**ATTENTION—THIS APPEAL MUST BE DATED AND SIGNED**

Signature of Appealing Employee or employee's representative \_\_\_\_\_

Date \_\_\_\_\_